

**REPORT OF COMMUNICATION COSTS  
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

RECEIVED

1. (a) NAME OF ORGANIZATION National Rifle Association Institute for Legislative Action	2. IDENTIFICATION NUMBER (Assigned by FEC) C70000716
(b) ADDRESS (Number and Street) 11250 Waples Mill Road	3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <input type="checkbox"/> Trade Association <input type="checkbox"/> Labor Organization <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Membership Organization <input type="checkbox"/> Corporation without capital stock
(c) CITY, STATE AND ZIP CODE Fairfax, VA 22030	

4. TYPE OF REPORT (Check One):

(a) ☐ April 15 Quarterly Report      ☐ July 15 Quarterly Report      ☐ October 15 Quarterly Report

☐ 12 Day Pre-General Election Report held on \_\_\_\_\_ in the State of \_\_\_\_\_ (date)

☒ January 31 Year End Report

(b) Is this Report an Amendment?      ☐ YES      ☒ NO

5. THIS REPORT COVERS THE PERIOD 10/01/2011 THROUGH 12/31/2011

**SUMMARY OF COMMUNICATION COSTS**

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify) _____	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ -0-

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

Mary Rose Adkins

Type or Print Name

*Mary Rose Adkins*

Signature and Title of Person Designated to Sign This Report

Fiscal Officer

Date

1-9-12

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this report to penalties of 2 U.S.C. §437g.

**WHERE TO FILE:**

Federal Election Commission  
 999 E Street, N.W.  
 Washington, D.C. 20463

**FOR FURTHER INFORMATION CONTACT:**

Federal Election Commission  
 Toll Free: 800-424-9530  
 Local: 202-694-1100

12030703825

Federal Election Commission  
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*clm*  
PREPARER  
(3/2005)

1/13/12  
DATE PREPARED

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